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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/873,311			ing Date 05/2001	☐ To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)								_			HER THAN ALL ENTITY
FOR NUMBER FILED			.ED NU	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A	1	N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (f),	or (m))	N/A		N/A	1	N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A	
	FAL CLAIMS CFR 1.16(i))		mir	ius 20 = *		1	x \$ =		OR	x \$ =	
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 = *			1	x \$ =		1	x \$ =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE shee is \$2 addi	ts of pape 50 (\$125 tional 50 s	ation and drawings exceed 100 er, the application size fee due for small entity) for each sheets or fraction thereof. See a)(1)(G) and 37 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							TOTAL		ı		
* If the difference in column 1 is less than zero, enter "0" in column 2.									J	TOTAL	
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY CLAMMS HIGHEST THICHEST THICHEST THICHEST THICHEST											
AMENDMENT	04/18/07	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 21	Minus	·· 49	= 0	1	x \$ =		OR	X \$50=	0
	Independent (37 CFR 1,16(h))	· 7	Minus	34	= 0	1	x \$ =		OR	X \$200=	0
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())	*	Minus	**	=	1	x \$ =		OR	x \$ =	
ŏ	Independent (37 CFR 1.16(h))	•	Minus	***	=	l	x \$ =		OR	x \$ =	
[Application Size Fee (37 CFR 1.16(s))					l	Ь—		l	Ь—	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					ı	l		OR	I	
TOTAL TOTAL ADDL OR ADDL FEE											
* If the ontry in column 1 is less than the entry in column 2, write 0" in column 3. *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20". **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number Found in the appropriate box in column 1. This collection of Information is received by 27 CFE 1.16 in information is considered to AVI CFE 1.16 in information is received in a pendiff by the public which is to file (and by the ISPETO to											

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